



Accident Report Form to the Virginia Office of EMS

(If there is personal injury involved with EMS vehicle accident)

Agency/s involved in accident: _____

Date and Time of accident: _____

Location of accident: _____

Name of the officer and department investigating the accident.

Where any charges filed? If so, which? _____

Was a patient on board? _____

Driver's name/s of vehicle/s: _____

Number of years operator has been driving? _____

Date of last EVOC completed? _____

Other personnel on board: _____

Name/s of injured personnel: _____

Nature of injuries: _____

Units involved: _____

Summarize the nature of this accident: _____

Attach the agency's accident report to this form.